

ISSUE SLIP STAPLE AREA (for additional cross references)

PORTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Dr	02	05/15/10
RESPONSE FORMALITY REVIEW	A-S	943	10-5-1

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
≡	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
—	Restricted	O	Objected

Final	Claim	Date
Original		
11	9-10-02	
12	Z	
13	Z	
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		

Claim		Date
Final	Original	
51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

[illegible]

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)